

Carlton Hall (Lowestoft) Limited

Carlton Hall Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Carlton Hall Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Carlton Hall Residential Home accommodates up to 60 older people in one adapted building. There were three units in the service, one in the main part of the building, another two were newer extensions called The Granary and The Bakehouse, and a unit, The Courtyard, specifically for people living with dementia, although people living with dementia also lived in the other units. The service is also registered to provide personal care in a domiciliary care agency to people living in their own homes in the purpose built bungalows on site. We also inspected the domiciliary care service.

This was a comprehensive inspection. The first day of our inspection on 29 November 2018 was unannounced. The second day of our inspection on 3 December 2018 was announced. During this inspection, there were 53 people living in the residential home, some were living with dementia, and there were 17 people using the domiciliary care service provided to private bungalows in the grounds.

At our previous inspection of 20 and 27 March 2018, this service was rated inadequate overall. The key questions for effective, caring and responsive were rated requires improvement and the key questions for safe and well-led were rated inadequate. There were breaches of Regulation 9: Person centred care, Regulation 14: Meeting nutritional and hydration needs, Regulation 12: Safe care and treatment and Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action by placing conditions on the provider's registration. These conditions asked the provider to send us monthly audits on health and safety and care plan documents and the actions they had taken to improve.

The service was placed into 'Special measures' by CQC. Services placed in special measures are inspected within six months. If insufficient improvements are made, we would have taken action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This would have led to cancelling their registration or to varying the terms of their registration within six months if they did not improve. The service was kept under review and if needed could have been escalated to urgent enforcement action.

Following our inspection in March 2018 we met with the provider and they told us about their plans for improvement, in addition they submitted an action plan which identified how they planned to implement improvements. At this inspection of 29 November and 3 December 2018, we found that the service had significantly improved overall and there were no breaches of regulations.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act

2008 and associated Regulations about how the service is run.

People were provided with their medicines when they needed them. There were systems in place to manage people's medicines safely. Improvements had been made in how the staff recorded how people were provided with medicines prescribed to be administered externally, including creams.

Improvements had been made in how the risks to people were assessed and staff were guided how to reduce these risks. Staff were trained in safeguarding people from abuse and where incidents had happened the service learned from these and used the learning to drive improvement.

There were systems to ensure that there were sufficient numbers of care staff to meet people's needs. Staff recruitment processes reduced the risks of staff being employed in the service who were not suitable. People were supported by staff who were trained and supported to meet their needs.

There were infection control systems to reduce the risk of cross contamination. The environment was well maintained and suitable for the people using the service.

People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed and met. Improvements had been made in how the risks associated with people's dietary needs were assessed and reduced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning. Improvements had been made in how people's care was assessed, planned for and met. People's choices were documented about how they wanted to be cared for at the end of their life.

People's had access to a variety of social activities to reduce the risks of isolation and boredom. There had been recent changes in how the activities were provided.

There was a complaints procedure in place and people's complaints were addressed.

The registered manager had a programme of audits which demonstrated that they assessed and monitored the service provided. Where shortfalls were identified actions were taken to improve. People were asked for their views about the service and these were valued and listened to. As a result, the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The staffing levels were assessed to provide people with the care and support they needed. Recruitment of staff was done safely.

Risks to people were assessed and mitigated. This included risks in the environment and in their daily living and risks associated with abuse.

There were systems in place to manage people's medicines safely.

The service had infection control policies and procedures which were designed to reduce risks to people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their needs.

People's nutritional needs were assessed and met. People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

The Deprivation of Liberty Safeguards (DoLS) referrals had been made appropriately. People's capacity to make their own decisions was assessed.

The environment was suitable for the people who used the service.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Staff treated with people with kindness and they knew people

well. Staff and people shared positive relationships.

People's choices were respected and listened to.

Is the service responsive?

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented.

There were systems in place to support people to participate in meaningful activities.

There was a system in place to manage people's complaints.

Good ●

Is the service well-led?

The service was well-led.

The service had quality assurance systems to identify shortfalls, address them and learn from them.

The service provided an open culture. People were asked for their views about the service and these were used to improve the service.

Good ●

Carlton Hall Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The first day of our inspection on 29 November 2018 was unannounced and undertaken by one inspector. The second day of our inspection on 3 December 2018 was announced and undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Return (PIR) which was sent to us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 14 people who used the service and two relatives. We observed the interaction between people who used the service and the staff throughout our inspection. With their permission, we also visited four people who used the domiciliary care service in their own homes.

We looked at records in relation to nine people's care, one of these from the domiciliary care service. We spoke with the registered manager, managing director and 12 members of staff, including the domiciliary care manager, duty care manager, senior care, care, the medicines champion, catering, activities and domestic staff. We looked at records relating to the management of the service, eight recruitment files,

training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our previous inspection of 20 and 27 March 2018, the rating for this key question was inadequate. There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have robust systems to identify when people were at risk of avoidable harm. Improvements were needed in the safe management of medicines and infection control.

At this inspection of 29 November and 3 December 2018, improvements had been made and there was no breach of regulation. People were provided with a safe service and this key question was rated good.

The service had clearly worked hard in the assessment and reduction of risks in people's lives. All of the care plans we reviewed included robust risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers, systems were in place to reduce these, this included seeking support from health professionals and the use of pressure relief equipment. The records included information about what a pressure ulcer looked like and the warning signs that staff should be aware of if they were developing. Some people were at risk of choking, clear assessments had been undertaken with guidance for care workers on how the risks were reduced.

People told us that they were safe living in the service. One person said, "Oh yes, I do feel safe here. Everybody on the staff is so nice and they always try to make sure you get what you want or need." Another person told us, "I do feel very safe here and have no concerns about the staff and if I did then I would speak to the manager." Another said, "I do feel safe here as everything is to my liking. I get on well with the other residents and the staff." Another commented, "I have no concerns about my safety here. The staff are very friendly and approachable here and nothing seems too much trouble." One person's relative told us, "Yes I would say that [family member] is generally safe. If I didn't then I would soon speak out."

Staff told us that they had received safeguarding training and this was confirmed in training records. Staff understood their roles and responsibilities in reporting safeguarding.

Risks to people injuring themselves or others were limited because equipment, including hoists, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure they were safe. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service need evacuating.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "They do make sure that I take all my tablets." Another person commented, "I always get my tablets at the same times each day and they [staff] don't leave until I have taken them." We observed part of the administration rounds during the morning and lunchtime, this was done safely.

Improvements had been made in how the staff recorded when people had received their medicines to be administered externally, such as creams. The medicines administration records (MAR) for these medicines had improved and demonstrated that people had received their medicines as prescribed. The MAR for other medicines to be taken orally, also identified that people received their medicines when they needed them.

We spent some time with the medicines champion who told us about the improvements made, they showed us records which confirmed what they had told us. Regular audits and checks to ensure medicines were administered, stored and ordered safely. The policy and procedures for medicines had been reviewed and updated, which provided clear guidance for staff on the safe management of medicines. A procedure had been completed to support people with their medicines when they were out of the building, such as visiting relatives or on outings. The service had worked with the clinical commissioning group and accepted support to make improvements. Records showed that staff who were responsible for administering medicines had received training and had their competency checked by the management team. Clear protocols were in place when medicines errors happened, this included more training and competency checks for staff. Discrepancies in medicines were analysed to check if there were any patterns. This demonstrated that there were systems to learn from errors and reduce future risks.

People who used the service said that the staff provided support and were available when needed. One person told us that they felt there were not enough staff working in the evening, however, this had recently been addressed and staffing across the service had been increased. New staff had been employed. This was confirmed by a person's relative who said, "There is a lot of new staff." One person said about the staff, "They always have time to chat with me which I like."

People told us that when they used their call bell for assistance the staff responded. One person said, "They are pretty good when I press the buzzer. They don't normally rush because I do that so they bring me a cup of tea." Another person told us, "I don't use my buzzer very often, but when I do they are good at turning up to help. However, there are odd occasions when they are busy and they take a little longer." Another said, "If I need anything when I am in my room then I just press the buzzer and someone will come." Another commented, "When I have had to press the buzzer they have come very quickly and do what I need." One person's relative told us that their family member was unable to use their call bell, but, "They do check [family member] at regular intervals if [they] are in [their] room." Regular call bell audits were undertaken. If call bells were found to take time to respond to, this was investigated and actions taken.

The registered manager told us how the service was staffed. A tool which assisted with the calculation of the staff numbers needed to meet people's dependency needs. Agency staff had been used to cover any staff vacancies. Recruitment of staff was ongoing. Staff told us that there were enough staff working in the care home and in the domiciliary care service. A staff member who worked in the domiciliary care service showed us their rota of visits they were to complete, this included travel time between bungalows so people could get their visits when needed.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Checks were also made on volunteers who worked in the service.

People told us that the service was regularly cleaned. One person said, "It is always spotless, they do a very good job." The service was visibly clean. Infection control audits were carried out to enable the management team to identify any shortfalls and actions needed to improve. Infection control champions had been introduced in the service. These were staff members who had additional training and could advise colleagues on any issues. One of the infection control champions showed us their records which included

checks of staff hand washing to prevent spread of infection.

We checked equipment including wheelchairs which were clean. Records identified that cleaning of the service was completed. Staff had received training in infection control and food hygiene. The service had achieved the highest rating in their food hygiene inspection by the local authority. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. These were available throughout the service to allow access. In addition, bathrooms provided disposable paper towels and hand wash to use to reduce the risks of cross contamination.

Is the service effective?

Our findings

At our previous inspection of 20 and 27 March 2018, the rating for this key question was inadequate. There was a breach of Regulation 14: Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed in how people at risk, such as the risk of choking, were assessed and supported. Improvements were needed in how the service followed up on referrals made to health professionals when people were at the risk of harm. Improvements were needed in the environment, including signage to support people to navigate around the service.

At this inspection of 29 November and 3 December 2018, improvements had been made and there was no breach of regulation. People were provided with an effective service and this key question was rated good.

Improvements had been made in how the risks associated with people's eating and drinking needs were assessed and reduced. This included people who were at risk of choking. Robust assessments were in place which guided staff to reduce these risks. Some of the records reviewed stated that people should be observed whilst eating and drinking to reduce risks, we saw that this happened. Where risks had been identified, including weight loss and choking, appropriate referrals had been made to other health professionals, such as dieticians and the speech and language therapy (SALT) team. Guidance and feedback received from these health professionals was included in the care documents and incorporated into care plans to ensure that there were clear directions for staff and people received a consistent service. One person's relative said, "[Family member] is currently on thickened drinks and a pureed diet due to risk of choking." One person commented, "I'm under the SALT team and I only drink under supervision." We saw a staff member assisting a person to drink by using a teaspoon with their thickened fluids.

People consistently told us that they were provided with a choice of good quality meals. One person said, "I get to choose what I want to eat each day. On the whole I think the food is good." Another person commented, "The food here is excellent and I love their mushroom soup. We get plenty of choice." Another person told us, "The meals here are very good. There is a choice on the menu but if you want something else they will try to provide it for you. This is very thoughtful." Another said, "I really enjoy the food that is served here and I am able to change my mind if I fancy something else." Another person commented, "The food is good here and I do love their puddings, particularly when they come with custard." One person's relative told us, "The food is alright and [family member] able to get [their] vegetarian diet fulfilled. Of course, it has to be pureed. It is well presented but I'm not sure [family member] is aware of it."

Records of what people had to drink and eat were kept on the computerised system. Targets for how much people should have to drink were in place and the system calculated the amount, flagging up if people had not had the recommended amount. If issues arose this was monitored and discussed in handover to ensure people were supported to have enough drink and eat. Snacks were available in the service including packets of crisps and fresh fruit. People were provided with choices of drinks and snacks, such as cakes and biscuits, throughout our visits. During meals we saw that people were offered choices of what to eat. Staff offered encouragement to eat and staff were available to assist those that needed help.

People told us that they got plenty to drink to reduce the risks of dehydration. One person said, "They will get a drink for me whenever I want one." Another person commented, "They do know the things I like and they always bring me my tea." We saw people were regularly offered choices of hot and cold drinks. There were cold drinks around the service that people could help themselves to. One person told us, "They are very good if you get up at night they will get you a cup of tea and if you say you are hungry they will do you something."

Staff spoken with, including catering staff, understood people's specific dietary needs and how they were met. This included people who required a softer diet and those who needed a fortified diet and drinks to boost their calories and maintain a healthy weight. The chef showed us new dining plates which had been purchased for the use of people living with dementia. These were a different colour to the place settings which assisted people to see the plate clearly.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "I am able to see the doctor whenever I need one and I can also see a chiropodist when I need one." Another person commented, "I can see the doctor when I need one which I hope is not too often." Another person told us, "I am able to see the doctor from my old surgery which I prefer and means they know my history." This demonstrated that people could choose their health care professionals that they saw. Another person said, "The GP makes regular visits and I can see them if I need to and I don't have to go to the surgery."

Records showed that where there had been concerns about a person's health, they were referred to health professionals and any advice and treatment was recorded. A staff member told us that the GP visited the service twice weekly and they had good working relationships with the GP and community nurses.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The assessment process was completed prior to the person moving into the service. This included visiting them at their own home, other care service or in hospital to discuss their needs. This assisted a smooth transition between services. Discussions with staff showed that the service worked with other professionals involved in people's care to ensure they received a consistent service. This included the commissioners for services and health care professionals.

People and relatives said that the staff were skilled to meet their needs. One person said, "They do know what they are doing certainly when they do things for me." Another person commented, "I hope they are well trained. They always do what I ask them to do. They all work very hard." Another person told us, "I think they are very well trained. They are very good and if they say they will come back they do every time." Another person said, "I do think the staff here are very good and they know how to look after me." Another told us, "They most certainly know what they are doing and they go to great lengths to make sure that I'm happy and comfortable." One person's relative said, "The quality of staff training has improved."

Staff told us and training records showed that staff received the training that they needed to meet people's needs. This included training in safeguarding, moving and handling, fire safety, and medicines. In addition, staff received training to meet the needs of people with specific needs, such as dementia.

Since our last inspection champions had been introduced in areas such as end of life, dementia, the Mental Capacity Act 2015, and infection control. This included specific training for these staff in their champion subjects and they were available to discuss any concerns with their colleagues, people using the service and visitors. Notices were posted around the service with the champion role and photographs of the staff involved.

New staff received an induction course which included training and shadowing more experienced colleagues. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be working to. There were volunteers working in the service who supported the activities team in providing social activities for people. They received an induction which included the risk of choking. They were made aware not to give people a drink before checking with staff if there was a risk of choking.

Staff told us that they were supported in their role and received supervisions. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People told us that the staff sought their consent before providing any care. One person said, "They help me dress and always ask me if I am happy with them doing that for me." Another person commented, "When they help me with my personal care they always make sure that I am happy with what they are doing." Another person told us, "They always make sure to ask if I'm comfortable with what they are going to do for me, which involves me in the process." One person who had capacity to make their own decisions told us that they were able to go out, "I am able to go out into the grounds without supervision. I have the pass code [to get back into the service]. I go for a walk twice a day to get some fresh air."

People's care records included if they had capacity to make their own decisions. If people lacked capacity there were systems in place to assist them. There were records of best interest decisions in place, where required. Training records identified that staff had received training in the MCA and DoLS. Staff asked for people's consent, for example where they wanted to be in the service and if they needed any assistance with their meal.

People were complimentary about the environment and how it met their needs and choices. One person said, "It is beautiful here, I wish I could give them an award, they deserve it."

People's bedrooms in the care home, included items of their personal memorabilia which reflected their choices and individuality. People told us that they chose the décor in their bedroom and could bring things from home if they wanted. The environment had communal areas that people could use, including lounges and dining area. There were areas in the service where people could see their visitors in private. The facilities were designed and adapted for use by people with limited mobility and users of wheelchairs, including wide corridors. Bathrooms had wide doors, and grab rails in bathrooms. On the Courtyard unit, people bedroom doors were colour coded to enable individuals to find their room with ease. Toilets and bathroom doors held signage to assist people to recognise where the doors led to.

There were gardens which people could use. One person said, "When the weather is much better I am able to sit outside which I enjoy." People could access the gardens and take part in its upkeep. The service and grounds were decorated for Christmas, one person told us, "They have planted 64 trees and put Christmas light on them which is beautiful at night." Another person told us that they had switched on the lights, which was organised as an event. Another person said, "The lights in the trees are nice."

At our last inspection, there was a coffee shop being built on the grounds. This was now completed. People could attend to have drinks or a meal. One person said, "I can have friends over whenever I like for a meal in the coffee house. I really enjoy that." One staff member told us that even though people could have a complimentary drink each day, people living with dementia were provided with money to pay for their drinks. Further building work was being completed to extend the main home.

Is the service caring?

Our findings

At our previous inspection of 20 and 27 March 2018, the rating for this key question was requires improvement. Due to the shortfalls identified during our inspection we were not assured that people were provided with a caring service at all times. The service also needed to gain people's consent for the use of CCTV in the communal areas of the home.

At this inspection of 29 November and 3 December 2018, improvements had been made. People were provided with a caring service and this key question was rated good.

Records demonstrated that people had been asked for their consent for the use of CCTV cameras. The documents explained why CCTV was used in the communal areas. Where people lacked capacity to make decisions, their relatives had signed their consent and people had received information about the use.

People spoken with said that the staff were caring. One person said, "They are all very polite and we can always have a chat with a bit of banter." Another person commented, "The staff are caring and very respectful." Another person told us, "The staff here are very caring. Nothing is too much trouble for any of them. They are all so polite when they speak to you and use my first name which is nice." Another person said, "I think the staff are very caring here. Nothing is too much trouble and they always do everything with a smile and a cheery disposition. Which means a lot to me." Another told us, "They are all very courteous and polite when they speak with me and nobody raises their voices including the volunteers who come. The carers are very caring and nothing is too much trouble and they will always go the extra mile to make your time here so much better." One person's relative said, "Despite [family member's] condition I think the staff do treat [family member] with compassion and respect."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about and with people in a caring and respectful way. This included positioning themselves at people's eye level to engage in effective communication and the use of touch to reassure people. They spoke about people in a compassionate way. They clearly knew people well.

We saw examples of, and people told us about very compassionate care. One person told us how they had recently had a bereavement. This had been discussed with the activities staff who supported them to make a Christmas wreath for a member of their family. Another person showed us a wreath they had made in remembrance of another person who used the service who had died. The person said that they missed them and this was a fitting tribute. One person had not felt well, several staff checked upon them and reassured them. They had been telling us about the caring nature of the staff and said, "See, how they care," when a staff member had kissed them on their cheek. This demonstrated to us that the staff were responsive to people's emotional needs and took action to reduce the risks of distress to people. The service demonstrated to people that they mattered. They received Christmas and birthday gifts and an Easter egg.

People's care plans guided staff to ensure people's privacy, independence and dignity was respected. People told us how their independence was promoted and respected. One person said, "I am very

independent and can do everything for myself." Another person commented, "They help me, I use my walker and keep a close eye on me." Another person told us, "I am mobile so I don't need much help but they help me when I shower. They always ask if I'm happy for them to do that."

People told us that they felt their privacy was respected. One person said, "They always knock and call out before coming in to my room." We observed this happening throughout our inspection which demonstrated how people's privacy was respected.

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. One person said, "I am able to do what I want." Another person commented, "They are all very polite and go a long way to learn the things that interest me. My family planned my care here and I don't really involve myself in it. They [staff] ask me what I would like." Another person told us, "They do understand how I like things done and how I like to spend my day. No one pushes me around I make my own choices. They are not made by someone else."

People had completed life story books which included information about their lives so far and what they had done since moving into the service. The books included people's comments and photographs. The registered manager told us that these could be provided to people if they left the service or to their families if they had died.

People told us that they could have visitors when they wanted them, which reduced the risks of isolation and loneliness. Records included information about the relationships that people maintained which were important to them. One person said, "I am able to go out with my family whenever I want to."

Is the service responsive?

Our findings

At our previous inspection of 20 and 27 March 2018, the rating for this key question was requires improvement. There was a breach of Regulation 9: Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed in the provision of activities and how people's care was assessed, planned for and met, including their end of life wishes.

At this inspection of 29 November and 3 December 2018, improvements had been made and there was no breach of regulation. People were provided with a responsive service and this key question was rated good.

We could see that the management team and staff had worked hard in improving people's care records. All of the records had been reviewed and updated. They now clearly guided staff on how people's individual needs were assessed, planned for and met. Details included the step by step care people were provided with, how their specific needs and conditions affected their daily living and the support provided to meet those needs. The care plans included the care and support required by people including with their personal care, oral hygiene, mobility and communication. One person told us how they had seen improvements in the care provided, "They seem to understand better the things that I like than they did in the past."

The provider had purchased an electronic care planning system. All of the care records for people living on the Courtyard unit had been transferred to this system. There were plans to transfer the care records from the other units in the care home to the system. All of the daily records in the care home, which identified the care provided to people were maintained on the electronic system. This was done by tablet computers. We observed staff inputting information onto the system. They told us that they were initially nervous about using the devices but they had been trained to use them and now found them easier to use and took less time than manually recording paper documents.

People told us that they felt that they were cared for and their needs were met. One person said, "I would say the care I get is at least good and the staff always try make sure that I am happy and comfortable and get exactly what I need." Another person commented, "The care that I'm given is very good and I have no problem with it. It's very human the way they do things." One person's relative said, "I think the care is alright, sometimes it is outstanding. They make sure that [family member] gets what [they] need."

People told us that they would recommend the service to others. One person said, "One of my friends was so impressed that [they are] becoming a resident next month."

Since our last inspection improvements had been made in the provision of activities in the care home. There had been an increase in activities staff to four, with one allocated to the Courtyard unit every day, where people lived with dementia. In addition, there were volunteers working in the service who supported people with social activities which interested them.

We spent some time in the Courtyard and spoke with people about the activities they did. We also looked at photographs of people enjoying activities and outings. One person was positive about the support provided

by the activities staff and they said, "You never stop learning," including the activities they had done since living in the service. People chose what they wanted to do and their memories were incorporated into their activities. This included making Christmas decorations and decorating their home. People did tasks such as folding laundry and laying tables. The activities staff member told us that people had supported staff in different department in the home such as in the office stapling and putting letters into envelopes, assisting putting the refuse out, and taking washing up to the kitchen. People had told the activities person that they had nuts, a satsuma and a wooden toy in their stocking at Christmas. In preparation people had made their own stockings. People had been involved in developing a sensory garden, which competed in the local 'In Bloom' competition.

People told us there was always something going on which kept them occupied. One person said, "I have learnt how to do things, like [activities staff member] taught me how to draw. I never thought I would be able to do that." We saw several activities happening throughout the care home. This included curling, boccia and throwing bean bags onto a board. People made Christmas wreaths and greetings cards. People had knitted blankets for the cat protection league. A staff member brought their dog into the service as a therapy dog. One person told us that some mornings they struggled to get out of bed but when they knew the dog was visiting they got up. They said, "When I am feeling down [dog] makes it alright."

We saw photographs of a group of pre-school children who regularly visited the service and spent time with people doing activities. One person told us, "It is lovely to see the little ones, they brighten our day." People told us about visiting entertainers which they enjoyed. They particularly liked the brass band which had attended during the Christmas lights turn on.

The list of activities for the week was extensive. There was a good balance of physical activity, mental stimulation and leisure activities. The service had its own transport where people could go out on trips including to local seaside resorts and towns. An ice cream van came to the service where people could buy ice creams. The service had their own weekly church service and communion for those who wished to participate. People could also attend a nearby place of worship.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person said, "I have not needed to complain but if I did that is the way you make changes." Another person commented, "I have no complaints about the care I get." Another person told us, "I have no complaints. If I did I would speak with the manager pretty quickly." Another person told us, "If you have any concerns, might be small but big to me. They sort it out quick as a flash."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. This included giving a written apology where needed. However, we identified that a response from a complainant following the service's initial response had not been answered. The registered manager told us that they had identified that the audit trail for complaints and actions taken required improvement and they had taken over this task. As a result of a concern received, the registered manager told us about the actions they had taken. This included reviewing and updating the care plans, contracts and terms and conditions for people using the domiciliary care service, which clearly identified the support and care people would receive.

People's records included their decisions about the care they wanted to receive at the end of their life. For example, if they wanted to be resuscitated, where they wanted to be cared for, specific choices relating to their care at the end of their life and any arrangements they had made for their funerals. There were end of life champions in the service who were available to discuss any aspects of end of life care and needs with

colleagues, people and relatives.

Is the service well-led?

Our findings

At our previous inspection of 20 and 27 March 2018, the rating for this key question was inadequate. There was a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems for monitoring the service were not robust enough to independently identify shortfalls and to support the provider and management team to continually improve the service people received. We had taken enforcement action, in positive conditions, for which was asked the provider to send us their health and safety and care plan audits on a monthly basis. They had done this and we were able to see the improvements they had been making.

At this inspection of 29 November and 3 December 2018, improvements had been made and there was no breach of regulation. People were provided with a well-led service and this key question was rated good. It was evident that the service had worked hard to improve the care provided to people. They took the previous shortfalls seriously and used these to drive improvement. There was an improvement plan in place which was regularly updated and reviewed. The plan demonstrated that the service understood what improvement were needed and how they were going to be implemented and when. We were assured that the improved systems supported the management team in independently identifying shortfalls to enable them to make changes. As part of the ongoing improvements, the registered manager had read outstanding care reports and used these as a bench mark for improvement.

Since our last inspection there had been management changes. The previous registered manager had deregistered in June 2018. The current registered manager, who was also the care director, was registered with the Care Quality Commission in July 2018. The registered manager was visible in the service and we could see that people knew who they were and responded to them positively.

People were complimentary about how the service was led and the improvements they had seen in the service. One person said, "The new management is very approachable and they do listen." Another person commented, "I think the home is well managed. They check on everything around the home." Another person told us, "It is better now. There are more staff and less time spent on managing the paper work." Another person told us, "The service here is very good I can't fault it. It's managed well now." Another person said, "I am happy living here and can't really find fault with it. I think it is now well managed and they are always making improvements."

Staff were positive about the registered manager. Staff told us about the support they had received from the management team in improving the care plans. A document had been developed with included a range of questions about people's needs and how these should be answered in people's care plans. Staff told us that their morale was good and that they had all worked as a team to make the improvements required.

There was a programme of audits which were used to monitor the service provided. This included audits in falls, care plans, medicines, infection control, call bell response times and health and safety. There were actions in place where shortfalls had been identified to improve people's experience of the service they received. Incidents and accidents were analysed to monitor if there were any patterns and actions were put

in place to learn from these and reduce the risks of them happening again.

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires and meetings. Actions were taken as a result of people's comments to drive improvement. One person told us, "There is a residents meeting but I don't go to them as I can't be bothered." Another person commented, "I do go to the resident's meetings and we talk about the things we would like to do." Another person told us, "I go to the residents meeting each week as it keeps me up-to-date and we get a chance to have a say how think things could improve." Minutes of meetings demonstrated that people made suggestions about the activities and food provided and these were acted on. We spent some time with the domiciliary care manager who was visiting people to check that they were happy with the service. With people's permission we accompanied the domiciliary care manager on their visits, they were asked if they were happy with the service and any improvements they needed to be made.

As part of our planning we looked at how the service made notifications to us. Notifications are incidents that should be made to us relating to deaths and incidents in the service. The service had appropriately notified us of incidents, the actions they had taken and how they planned to reduce future risks.

The service had kept up to date with changes in the care industry and took action to implement the changes in the service. This included a policy on the new General Data Protection Regulation which was implemented in May 2018.